

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF-078092
2. NAME OF OPERATOR Beta Development Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 238 Petroleum Plaza, Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL & 790' FWL	8. FARM OR LEASE NAME Douthitt Federal
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6385' G.L.	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-27N, R-11W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. IF THE OPERATOR HAS PERFORMED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

7-30-87 Move in work over rig, pump 24 bbl's 2% KCL water down 2" tubing to kill well, set B.O.P. pull 2" tubing, trip in and set bridge plug 6152', ran packer looking for holes in casing, found bottom hole @ 4557'-top hole @ 920' middle of Ojo-Alamo formation, ran and set 2nd bridge plug @ 1950' could pump 1/2 bbl per min @ 1000#, perforate 4 1/2" csg. 4-shot per ft. 984-985 close rams, pump down 4 1/2" csg. 4 bbls min. @ 500# broke cir. to surface out braden head valve, pumped 215 sx reg. cement, got cement to surface, closed braden head valve pump & displace 35 more sx out perforation 10' below Ojo Alamo 985', drill out cement 500' to 985' press. test 1000# leaked off to "0" in 4 min. pick up and ran packer, found hole in csg. @ 214' 17' below surface pipe, pump 36 bbls. water did not break cir. to surface, pump 3 bbl. water down braden head valve, pressure up to 1000# 15 min. o.k. pump 150 sx reg. cement + 2% ca. cl. down 4 1/2" csg. out hole @ 214' W.O.C. drill cement 191 to 214' pressure test to 1000# leak off to 700# in 10 min pressure up to 1500# & circulate out hole @ 214' resqueeze w/150 sx reg. + 2% ca. cl. drill out cement 160' to 214' test 1000# held o.k. retrieve B.P. @ 1952' found top hole in Mesa Verde section @ 3605' squeeze 450 sx reg. 2% ca. cl. out csg. holes 3605-4557' drill out cement 3000' to 4560' test to 1000# leak off to 300# in 10 min. resqueeze Mesa Verde section 3605-4557 w/250 sx reg. + 2% ca. cl. drill out cement 3300' to 4560' test 1000# for 1/2 hr. held o.k., retrieve B.P. @ 6152', lay down all 2-3/8" tubing, pick up 195 jts. 1 1/2" non-upset tubing w/4 jts. 1 1/2" below Model "D" seal assembly @ 6400' land tubing on packer and do-nut, release reig 8-17-87.

18. I, hereby, certify that the foregoing is true and correct.

SIGNATURE *J. E. Bayler*

TITLE Superintendent

DATE August 25, 1987

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE SEP 09 1987

DATE

OIL CON. DIV.

DIST. 3

*See Instructions on Reverse Side

AMOC